Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF WASHINGTON	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Michael First name Lawrence Middle name Hernandez Last name and Suffix (Sr., Jr., II, III)	Margaret First name Ann Middle name Hernandez Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7050	xxx-xx-6382

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		I have not used any business name or EINs. Business name(s)	■ I have not used any business name or EINs. Business name(s)			
5.	Where you live	4250 East Rasor Rd. West	If Debtor 2 lives at a different address:			
		Belfair, WA 98528 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Mason	, , , . ,			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

	otor 1 otor 2	Michael Lawrence Margaret Ann Heri		ez		_	Case number (if known)		
Par	rt 2:	Tell the Court About \	our Bank	ruptcy Ca	ase				
7.	Bank	chapter of the cruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choc	sing to file under	■ Chapt	er 7					
			☐ Chapt	ter 11					
			☐ Chapt	er 12					
			☐ Chapt	er 13					
8.	How	you will pay the fee	abo ord a p	out how your er. If your re-printed	ou may pay. Typically, if you ar attorney is submitting your pa address.	e paying the fe yment on your	e check with the clerk's office in your local court for more of fee yourself, you may pay with cash, cashier's check, or rule behalf, your attorney may pay with a credit card or check or continuous sign and attach the Application for Individuals to	money k with	
			The but app	e Filing Fe quest that is not requires to yo	ee in Installments (Official Form at my fee be waived (You may juired to, waive your fee, and n ur family size and you are una	n 103A).	s option, sign and attach the <i>Application for Individuals to</i> option only if you are filing for Chapter 7. By law, a judge y if your income is less than 150% of the official poverty list fee in installments). If you choose this option, you must for (Official Form 103B) and file it with your petition.	may, ine that	
9.		Have you filed for bankruptcy within the							
		ruptcy within the 3 years?	☐ Yes.						
				District		When	Case number		
				District		When	Case number		
				District		When	Case number		
10.		any bankruptcy	■ No						
	filed not f you,	s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	☐ Yes.						
				Debtor			Relationship to you		
				District		When	Case number, if known		
				Debtor			Relationship to you		
				District		When	Case number, if known		
11.		ou rent your	□ No.	Go to	line 12.				
	resid	lence?	Yes.	Has yo	our landlord obtained an eviction	on judgment ag	against you?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	About an Evic	iction Judgment Against You (Form 101A) and file it with t	his	

	otor 2 Margaret Ann Her		iez			Case number (if known)	
Par	t 3: Report About Any Bu	ısinesses	You Own	as a Sole Proprie	or		
12. Are you a sole proprietor of any full- or part-time business?		■ No.	Go to Part 4.				
		☐ Yes.	Name	and location of bus			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	Number, Street, City, State & ZIP Code			
	it to this petition.		Check	the appropriate bo	x to describe your bu	usiness:	
	·				•	1 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in	n 11 U.S.C. § 101(51B))	
				Stockbroker (as d	efined in 11 U.S.C. §	§ 101(53A))	
				Commodity Broke	r (as defined in 11 U	.S.C. § 101(6))	
				None of the above	;		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i>	ter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent operations, cash-flow statement, and federal income tax return or if any of these documents do n in 11 U.S.C. 1116(1)(B).		otor, you must attach your most recent balance sheet, statement of			
	For a definition of small	No.	I am n	ot filing under Chap	ter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a s	small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small I	business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Nee	eds Immediate Attention	
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	Yes.	What is t	he hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
					Number, Street, City,	State & Zip Code	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 Michael Lawrence otor 2 Margaret Ann Her		dez		Case numbe	「 (if known)	
Par	t 6: Answer These Quest	ions for Re	eporting Purposes				
	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred be individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investmen				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	at are not consur	ner debts or busines	s debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.	are paid that funds will be available			erty is excluded and administrative expenses	
	administrative expenses are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000		1 25,001-50,000	
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		□ 50,001-100,000 □ M	
	□ 100-199 □ 200-999		10,001-25,00	JO	☐ More than100,000		
19.	How much do you	= \$0 - \$9	50.000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,00	01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 billion	
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
20.	How much do you	\$0 - \$	50,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?	· · · · · ·	001 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		\$1,000,000,001 - \$10 billion	
			□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		1 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
Par	t7: Sign Below						
For	you	I have ex	amined this petition, and I declare u	under penalty of p	erjury that the inform	nation provided is true and correct.	
			chosen to file under Chapter 7, I amates Code. I understand the relief a			under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help n document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				t an attorney to help me fill out this			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
I understand making a false statement, concealing property, or obtaining money or property by fraud in c bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C and 3571.							
		/s/ Mich	ael Lawrence Hernandez		/s/ Margaret Ann		
			Lawrence Hernandez e of Debtor 1		Margaret Ann Ho Signature of Debtor		
		Executed	I on August 9, 2018		Executed on Aug	gust 9, 2018	
			MM / DD / YYYY			/ DD / YYYY	

Debtor 1	Michael Lawrence Hernandez		
Debtor 2	Margaret Ann Hernandez	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Brittany S. A. Cline	Date	August 9, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Brittany S. A. Cline 42586		
Printed name		
John Kenney & Associates, PLLC		
Firm name		
17791 Fjord Drive NE		
Poulsbo, WA 98370		
Number, Street, City, State & ZIP Code		
Contact phone (360) 850-1049	Email address	brittanyc@kenneylawfirm.com
42586 WA		
Bar number & State		

Fill	in this information to identify your case:		
Deb	tor 1 Michael Lawrence Hernandez		
	First Name Middle Name Last Name		
Deb	tor 2 Margaret Ann Hernandez		
(Spot	se if, filing) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON		
Cas	e number		
(if kno		_	c if this is an ded filing
Sul Be as	mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible from mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page. 1: Summarize Your Assets	or supplyir	
Tart	1. Outilinalize Four Assets	Varia	to
		Your a Value of	of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		
	1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,580.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	8,580.00
Part	2: Summarize Your Liabilities		
		V !!	akilisi aa
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	6,287.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	38,479.00
	35. Copy the total dains from Fatt 2 (nonphonty dissecuted dains) from the of or Schedule 27	Ψ	36,479.00
	Your total liabilities	\$	44,766.00
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		
4.	Copy your combined monthly income from line 12 of Schedule I	\$	2,678.77
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,650.00
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
0.	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,585.77

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clain	n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this info	ormation to identify your case a	nd this filing:		
Debtor 1	Michael Lawrence Herr	nandez		
	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	Margaret Ann Hernand First Name	Middle Name Last Name		
United States	Bankruptcy Court for the: WEST	FERN DISTRICT OF WASHINGTON		
Case number				☐ Check if this is an
Schedu	orm 106A/B Ile A/B: Property			12/15
think it fits best. information. If m Answer every qu	Be as complete and accurate as poore space is needed, attach a separestion.	List an asset only once. If an asset fits in more than o ossible. If two married people are filing together, both a ate sheet to this form. On the top of any additional pag or Other Real Estate You Own or Have an Interest In	re equally responsible for su	pplying correct
1. Do you own o	or have any legal or equitable interes	st in any residence, building, land, or similar property?		
■ No. Go to F	Part 2.			
☐ Yes. When	e is the property?			
D. (A. D.)	. W William			
Part 2: Descri	pe Your Vehicles			
		interest in any vehicles, whether they are registe		ehicles you own that
someone else o	frives. If you lease a vehicle, also	report it on Schedule G: Executory Contracts and U	nexpired Leases.	
3. Cars, vans,	trucks, tractors, sport utility ve	hicles, motorcycles		
□ No				
■ Yes				
- 163				
3.1 Make:	Ford	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	Explorer	☐ Debtor 1 only	Creditors Who Have Clair	
Year:	2001	Debtor 2 only	Current value of the	Current value of the
	nate mileage: 170,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other inf	ormation:	At least one of the debtors and another		
		■ Check if this is community property (see instructions)	\$2,025.00	\$2,025.00
3.2 Make:	Mazda	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	MPV	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
Year:	2001	☐ Debtor 2 only		
Approxin	nate mileage: 175,000	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	ormation:	☐ At least one of the debtors and another	-	
		Chack if this is community message.	\$1,500,00	\$1 500 00

(see instructions)

		Margaret Ann Hernand		Case number (if know	n)
			ATVs and other recreational vehicles, other vehicle sonal watercraft, fishing vessels, snowmobiles, motorc		
	l No				
	l _{Yes}				
4.1	Make:	Unknown	Who has an interest in the property? Check one	Do not deduct s	ecured claims or exemptions. Put ny secured claims on Schedule D:
	Model:	Unknown	Debtor 1 only		Have Claims Secured by Property.
	Year:	1960	Debtor 2 only	Current value	of the Current value of the
			■ Debtor 1 and Debtor 2 only	entire property	
		formation:	At least one of the debtors and another	¢4.00	0.00
		16' power boat easy load trailer	Check if this is community property (see instructions)	\$1,00	0.00 \$1,000.00
Part Do 6. H	3: Descr you own	ibe Your Personal and House or have any legal or equi goods and furnishings Major appliances, furniture	e, linens, china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ī	_ ′	Dishes/F Room(\$2 Hanging: Televisions and radios; at	Dryer(\$500), Linens(\$30), Cookware/Utensils(Elatware(\$50), Kitchen (\$100), Dining Room(\$200), Bedrooms (\$250), Wall Decor(\$25), Winds(\$50) udio, video, stereo, and digital equipment; computers, meras, media players, games	200), Living dow	\$1,455.00 collections; electronic devices
_	□ No	,			
•	Yes. De	escribe			
			ics consisting of: Computer/laptop(s) (\$150), on(s) (\$200), Cell Phones (\$25), Stereo/Surrou		\$535.00
! □ 9. E !	Examples: No Yes. De	other collections, memora	aintings, prints, or other artwork; books, pictures, or oth abilia, collectibles ercise, and other hobby equipment; bicycles, pool table	, , ,	
_	Yes. De	Sports a	nd hobby equipment consisting of: Fishing g		
		Musical i	instruments (multiple guitars, banjo) \$1,500.0	00	\$1,700.00

	ebtor 2	Margaret Ann Hei		Case number	(if known)
10.	Firearn Examp		guns, ammunition, and	related equipment	
	■ No				
	⊔ Yes.	Describe			
	·		furs, leather coats, desi	igner wear, shoes, accessories	
	□ No	Describe			
	es.	Describe			
			thes consisting of: It male and female,	clothing, accessories and outerwear for	\$300.00
12.	Jewelry				
	□ No	Describe	costume jeweiry, engag	gement rings, wedding rings, heirloom jewelry, watches	r, gems, goia, silver
			velry consisting of:	various pieces of fashion jewelry (\$50).	\$50.00
13.	Non-fa	rm animals			
	□ No ·	oles: Dogs, cats, birds, Describe	horses		
	- res.		n- farm animals con	sisting of: Cat	\$10.00
	Any otl ■ No	her personal and hou	sehold items you did	not already list, including any health aids you did n	ot list
	☐ Yes.	Give specific informati	on		
15			•	art 3, including any entries for pages you have atta	\$4,050.00
Pai	rt 4: Des	scribe Your Financial As	sets		
			or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examp ■ No	oles: Money you have in	n your wallet, in your ho	me, in a safe deposit box, and on hand when you file y	rour petition
	☐ Yes				
17.				ounts; certificates of deposit; shares in credit unions, br with the same institution, list each.	okerage houses, and other similar
	□ No	iristitutioris. Ii you	nave multiple accounts	with the same institution, list each.	
	Yes			Institution name:	
		17.	1. Checking	Penninsula Federal Credit Union accou ending 6346	nt \$0.00
		17.	2. Checking	Kitsap Federal Credit Union 563115	\$5.00

Official Form 106A/B Schedule A/B: Property page 3

	ebtor 1 ebtor 2		_awrence Hernandez Ann Hernandez	Case number (if known)	
18.		s, mutual fun	ds, or publicly traded stocks	okerage firms, money market accounts	
	■ No	ipico. Boria iai	nas, investment accounts with biv	okorago ilinis, money market accounts	
			Institution or issuer	name:	
19.		oublicly trade	d stock and interests in incorp	orated and unincorporated businesses, including an interest in	an LLC, partnership, and
	■ No				
	☐ Yes.	. Give specific	c information about them Name of entity:	% of ownership:	
20.	Negot Non-n	tiable instrum	ents include personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	■ No	Give epocific	information about them		
	□ res.	. Give specific	Issuer name:		
			issuel flame.		
	Exam _l ■ No	nples: Interests		403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	☐ Yes.	. List each acc	count separately. Type of account:	Institution name:	
			Type of account.	institution name.	
	Your s	share of all un		o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies	s, or others
				Institution name or individual:	
	Annuit □ No	ities (A contra	ct for a periodic payment of mone	ey to you, either for life or for a number of years)	
			Issuer name and description.		
			ODM: Detirement Operation		Unkneum
			OPM: Retirement Operation	OIIS	Unknown
			cation IRA, in an account in a q (1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition progra	am.
			Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	, ,	, ,	other than anything listed in line 1), and rights or powers exerci	sable for your benefit
	☐ Yes.	. Give specific	c information about them		
			s, trademarks, trade secrets, ar domain names, websites, procee	nd other intellectual property eds from royalties and licensing agreements	
		. Give specific	c information about them		
	Exam		es, and other general intangible permits, exclusive licenses, coop	les perative association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	. Give specific	c information about them		
Mo	oney or	property ow	ed to you?		Current value of the
	,	. , . , ,	·		portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 1 ebtor 2	Margaret Ann Hernand		er (if known)
28.	. Tax ref	funds owed to you		
	■ No			
	☐ Yes.	Give specific information about	ut them, including whether you already filed the returns and the tax y	ears
29.		support		
	_ ′	ples: Past due or lump sum ali	mony, spousal support, child support, maintenance, divorce settleme	ent, property settlement
	■ No			
	⊔ Yes.	Give specific information		
30.			u insurance payments, disability benefits, sick pay, vacation pay, work u made to someone else	kers' compensation, Social Security
	■ No			
	☐ Yes.	Give specific information		
31.		sts in insurance policies ples: Health, disability, or life in	nsurance; health savings account (HSA); credit, homeowner's, or rer	nter's insurance
		Name the insurance company	of each policy and list its value.	
	— 100.		ny name: Beneficiary:	Surrender or refund value:
32.	If you a		e you from someone who has died rust, expect proceeds from a life insurance policy, or are currently er	ntitled to receive property because
	■ No			
	☐ Yes.	Give specific information		
33.			ner or not you have filed a lawsuit or made a demand for payment isputes, insurance claims, or rights to sue	nt
	☐ Yes.	Describe each claim		
	. Other o	contingent and unliquidated	claims of every nature, including counterclaims of the debtor a	nd rights to set off claims
		Describe each claim		
	_ 100.	Describe each claim		
			Two potential PI lawsuits. 1. Slip and fall with Safewayhas not met with an attoraction malpractice with Kaisercontract bone infectionhas not met with an attorney	
			3. Medical malpractice against a doctor at Kaiserhas	not
			met with an attorney All since 2017	Unknown
			All silled 2017	
35.	. Any fin	nancial assets you did not al	ready list	
	■ No			
	☐ Yes.	Give specific information		
36			entries from Part 4, including any entries for pages you have a	
Pa	art 5: Des	escribe Any Business-Related Pr	operty You Own or Have an Interest In. List any real estate in Part 1.	
37	Do you (own or have any legal or equital	ole interest in any business-related property?	
	_ ′	own or have any legal or equital o to Part 6.	no interest in any pusiness-related property:	
	_	Go to line 38.		
		JU 10 1110 UU.		

Official Form 106A/B Schedule A/B: Property page 5

Debto Debto			Case number (if known)	
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Of If you own or have an interest in farmland, list it in Part 1.	Own or Have an Intere	st In.	
46. D c	you own or have any legal or equitable interest in any farm- c	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	you have other property of any kind you did not already list? ixamples: Season tickets, country club membership No			
	Yes. Give specific information			
54. <i>A</i>	Add the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. F	Part 1: Total real estate, line 2			\$0.00
56. F	Part 2: Total vehicles, line 5	\$4,525.00		·
57. F	Part 3: Total personal and household items, line 15	\$4,050.00		
58. F	Part 4: Total financial assets, line 36	\$5.00		
59. F	Part 5: Total business-related property, line 45	\$0.00		
60. F	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	Part 7: Total other property not listed, line 54 +	\$0.00		
62. 1	Total personal property. Add lines 56 through 61	\$8,580.00	Copy personal property total	\$8,580.00
63. 1	Total of all property on Schedule A/B. Add line 55 + line 62			\$8 580 00

Fill in this information to identify your case:							
Debtor 1	Michael Lawrence						
	First Name	Middle Name	Last Name				
Debtor 2	Margaret Ann Hei	rnandez					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF WASHINGTON				
Case number (if known)				☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exem	pt
---	----

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
	2001 Ford Explorer 170,000 miles	\$2,025.00		\$0.00	11 U.S.C. § 522(d)(2)			
	Line from Scriedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit				
	2001 Mazda MPV 175,000 miles Line from Schedule A/B: 3.2	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(2)			
				100% of fair market value, up to any applicable statutory limit				
	1960 Unknown Unknown 1960 16' power boat	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(5)			
	1989 easy load trailer Line from Schedule A/B: 4.1			100% of fair market value, up to any applicable statutory limit				
	Household Goods and Furnishings consisting of: Washer/Dryer(\$500),	\$1,455.00		\$1,455.00	11 U.S.C. § 522(d)(3)			
	Linens(\$30), Cookware/Utensils(\$50), Dishes/Flatware(\$50), Kitchen (\$100), Dining Room(\$200), Living Room(\$200), Bedrooms (\$250), Wall Decor(\$25), Window Hangings(\$50) Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				

Debtor 1 Debtor 2

Michael Lawrence Hernandez **Margaret Ann Hernandez** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Electronics consisting of:** 11 U.S.C. § 522(d)(3) \$535.00 \$535.00 Computer/laptop(s) (\$150), Printer (\$60), Television(s) (\$200), Cell 100% of fair market value, up to Phones (\$25), Stereo/Surround any applicable statutory limit Sound (\$100) Line from Schedule A/B: 7.1 Sports and hobby equipment 11 U.S.C. § 522(d)(5) \$1,700.00 \$1,700.00 consisting of: Fishing gear (\$200), Musical instruments (multiple 100% of fair market value, up to guitars, banjo) \$1,500.00 any applicable statutory limit Line from Schedule A/B: 9.1 Clothes consisting of: clothing, 11 U.S.C. § 522(d)(3) \$300.00 \$300.00 accessories and outerwear for adult male and female. 100% of fair market value, up to Line from Schedule A/B: 11.1 any applicable statutory limit Jewelry consisting of: various pieces 11 U.S.C. § 522(d)(4) \$50.00 \$50.00 of fashion jewelry (\$50). Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking: Penninsula Federal Credit 11 U.S.C. § 522(d)(5) \$0.00 Union account ending 6346 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: Kitsap Federal Credit 11 U.S.C. § 522(d)(5) \$5.00 \$5.00 Union 563115 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **OPM: Retirement Operations** 11 U.S.C. § 522(d)(12) \$0.00 Unknown Line from Schedule A/B: 23.1 100% of fair market value, up to

any applicable statutory limit

100% of fair market value, up to

any applicable statutory limit

\$0.00

Two potential PI lawsuits.

1. Slip and fall with Safeway--has not met with an attorney

2. Medical malpractice with Kaiser--contract bone infection--has not met with an attorney

3. Medical malpractice against a doctor at Kaiser--has not met with an atto

Line from Schedule A/B: 34.1

Unknown

11 U.S.C. § 522(d)(11)(D)

Debtor 2		Case number (if known)				
	ef description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Check only one box for each exemption. Schedule A/B				
1. me 2. Ka no 3. do att	or potential PI lawsuits. Slip and fall with Safewayhas not et with an attorney Medical malpractice with isercontract bone infectionhas t met with an attorney Medical malpractice against a ctor at Kaiserhas not met with an o	Unknown	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)		
 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of a No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed to No 				,		

☐ Yes

Fill in this inform	nation to identify you	r case.			
	nation to identity you	i case.			
Debtor 1	Michael Lawren				
	First Name	Middle Name Last Name			
Debtor 2	Margaret Ann Ho	ernandez Middle Name Last Name			
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bar	nkruptcy Court for the:	WESTERN DISTRICT OF WASHINGTON			
Case number				- Charle	if their in an
(ii Kilowii)				_	if this is an
				amend	led filing
Official Form	106D				
		Miss Have Olaims Casanna	al lass Darama and		
Schedule	D: Creditors	Who Have Claims Secure	a by Propert	<u>y </u>	12/15
Be as complete and	l accurate as possible. I	f two married people are filing together, both are e	qually responsible for su	pplying correct informa	tion. If more space
is needed, copy the		out, number the entries, and attach it to this form.			
number (if known).		. •			
	have claims secured by				
	this box and submit th	is form to the court with your other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in	all of the information b	pelow.			
Part 1: List Al	II Secured Claims				
		nore than one secured claim, list the creditor separate	Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. As		Value of collateral	Unsecured portion
much as possible, li	st the claims in alphabetic	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this	
2.1 Lendmark	Financial Ser	Describe the property that secures the claim:	\$5,492.00	claim \$2,025.00	If any \$3,467.00
Creditor's Name		2001 Ford Explorer 170,000 miles			
		2001 Ford Explorer 170,000 miles			
2118 Ushe	er St Nw	As of the date you file, the claim is: Check all that apply.			
Covingtor	n, GA 30014	☐ Contingent			
Number, Street,	, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
☐ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	ne debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla	aim relates to a	Other (including a right to offset)			
community de	bt	, ,			
	Opened				
	03/18 Last				
	Active				
Date debt was incu		Last 4 digits of account number 4263			
2.2 Les Schw	ab Tire Center	Describe the property that secures the claim:	\$795.00	\$0.00	\$795.00
Creditor's Name		Charge Account			
Po Box 53	350	As of the date you file, the claim is: Check all that apply.			
Bend, OR	97708	Contingent			
Number, Street,	, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	ne debtors and another	☐ Judgment lien from a lawsuit			

Debtor 1	Michael La	awrence Hernand	ez	Case number (if know)		
	First Name	Middle Name	Last Name			
Debtor 2	Margaret A	Ann Hernandez				
	First Name	Middle Name	Last Name			
	if this claim re nunity debt	elates to a	Other (including a right to offset)			
		Opened 05/01 Last Active		5334		
Date debt	was incurred	6/01/18	Last 4 digits of account number			
Add the	dollar value o	f your ontrine in Colum	an A on this page. Write that number	here: \$6,287.	<u> </u>	
	ne dollar value of your entries in Column A on this page. Write that number			φ0,207.0	/0 	
	s is the last page of your form, add the dollar value totals from all pages. that number here:			\$6,287.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this	s information to identify your	case:				
Debtor 1	Michael Lawrence	Hernandez				
DCDIOI I	First Name	Middle Name	Last Name			
Debtor 2	Margaret Ann Hei	nandez				
(Spouse if, fil		Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT OF	WASHINGTON			
Case num	nber					
(if known)					_ c	heck if this is an
					ar	mended filing
Official	Form 106E/F					
		ha Haya Uncasur	ad Claima			12/15
	ule E/F: Creditors W					
left. Attach	 creditors Who Have Claims Sec the Continuation Page to this pag ase number (if known). List All of Your PRIORITY Un 	e. If you have no information to				
	y creditors have priority unsecure	u ciaims against you?				
	. Go to Part 2.					
Part 2:	s. List All of Your NONPRIORIT					
Yes 4. List al unsecu	I of your nonpriority unsecured cl ured claim, list the creditor separately ne creditor holds a particular claim, li	aims in the alphabetical order of the control of th	of the creditor who	holds each claim. If a crec ype of claim it is. Do not list o	claims already incl	uded in Part 1. If more
						Total claim
4.1 C	bna	Last 4 digits of	account number	6435		\$480.00
	onpriority Creditor's Name					V.100100
	0 Northwest Point Road lk Grove Village, IL 60007	When was the	debt incurred?	Opened 12/17 Last 7/02/18	Active	
	umber Street City State Zlp Code	As of the date y	ou file, the claim i	s: Check all that apply		
	ho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community ☐ Student loans					
de	debt ☐ Obligations arising out of a separation agreement or divorce the				that you did not	
	the claim subject to offset?	report as priority		andana and all of the t	L	
	No	•	•	g plans, and other similar de	DIS	
] Yes	Other Speci	fv Credit Card			

Debtor 2	Michael Lawrence Hernandez Margaret Ann Hernandez	Case number (if know)	
4.2	Century Link	Last 4 digits of account number	\$650.00
	Nonpriority Creditor's Name c/o Stellar Recovery, Inc. 1327 Hwy. 2 W. Suite 100 Kalispell, MT 59901	When was the debt incurred?	•
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Trade Debt	
	CHI/FHS Business Office	Last 4 digits of account number	\$8,200.00
	Nonpriority Creditor's Name RRC-FESC MS20-08 PO Box 2197 Table 2010	When was the debt incurred? 2018	
_	Tacoma, WA 98401 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
	Coram CVS Specialty Infusion S Nonpriority Creditor's Name	Last 4 digits of account number	\$250.00
	555 17th Street, Suite 1500 Denver, CO 80202	When was the debt incurred? 2018	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Bills	

or 2 Margaret Ann Hernandez		Case number (if know)	
Credit One Bank Na	Last 4 digits of account number	6986	\$335.00
Nonpriority Creditor's Name Po Box 98875 Las Vegas, NV 89193	When was the debt incurred?	Opened 06/18 Last Active 7/17/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other Specify Credit Card	<u> </u>	
Vaisar Barmananta	Last 4 digits of account number		¢075.00
Kaiser Permanente Nonpriority Creditor's Name PO Box 34750	Last 4 digits of account number When was the debt incurred?	2017-2018	\$875.00
Seattle, WA 98124			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans		
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
□Yes	Other. Specify Medical Bil	•	
Olympic Medical Imaging	Last 4 digits of account number		\$450.00
Nonpriority Creditor's Name PO Box 2077	When was the debt incurred?	2017-2018	ψ43U.UU
Bremerton, WA 98310-4258			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	

■ No

☐ Yes

■ Other. Specify Medical Bills

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Debtor Debtor	1 Michael Lawrence Hernandez 2 Margaret Ann Hernandez		Case number (if know)					
4.8	Onemain	Last 4 digits of account number	6146	\$7,190.00				
	Po Box 1010 Evansville, IN 47706	When was the debt incurred?	Opened 03/18 Last Active 6/22/18					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	☐ Yes	Other. Specify Unsecured						
4.9	PeaceHealth	Last 4 digits of account number		Unknown				
	Nonpriority Creditor's Name PO Box 1588	When was the debt incurred?						
	Vancouver, WA 98668-1588 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	7.0 00 0 , 0	onook all that apply					
	Debtor 1 only	☐ Contingent						
	■ Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only		☐ Disputed Type of NONPRIORITY unsecured claim:					
	☐ At least one of the debtors and another	•						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	□Yes	Other. Specify Medical Bil	ls					
4.1	Peninsula Commty Fcu	Last 4 digits of account number	3103	\$6,561.00				
	Nonpriority Creditor's Name		Opened 11/17 Last Active					
	Po Box 2150 Shelton, WA 98584	When was the debt incurred?	Opened 11/17 Last Active 7/02/18					
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	■ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa	aration agreement or divorce that you did not					

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Peninsula Commty Fcu	Last 4 digits of account number	2318	\$691.00			
Nonpriority Creditor's Name		Opened 03/18 Last Active				
Po Box 2150 Shelton, WA 98584	When was the debt incurred?	7/05/18				
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
Check if this claim is for a community	Student loans					
debt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not				
No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify Unsecured					
South Sound Inpatient Phys	Last 4 digits of account number		\$2,375.00			
Nonpriority Creditor's Name			Ψ2,010.00			
PO Box 120153 Grand Rapids, MI 49528-0103	When was the debt incurred?	2018				
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply				
Who incurred the debt? Check one.	_					
Debtor 1 only	Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts				
□ Yes	■ Other Specify Medical Bil					
Syncb/car Care Midas	Last 4 digits of account number	1622	\$3,772.00			
Nonpriority Creditor's Name Po Box 965036	When was the debt incurred?	Opened 07/17 Last Active 7/08/18				
Orlando, FL 32896	When was the dept incurred?	1700/10				
Number Street City State ZIp Code	As of the date you file, the claim i	is: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
Check if this claim is for a community	☐ Student loans					
debt is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	ng plans, and other similar debts				

Debto Debto	r 1 Michael Lawrence Hernandez r 2 Margaret Ann Hernandez		Case number (if know)	
4.1 4	Syncb/care Credit	Last 4 digits of account number	5077	\$675.00
	Nonpriority Creditor's Name 950 Forrer Blvd Kettering, OH 45420	When was the debt incurred?	Opened 07/16 Last Active 4/20/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.1 5	West Sound Emergency Phys	Last 4 digits of account number		\$5,575.00
	Nonpriority Creditor's Name 2520 Cherry Ave Bremerton, WA 98310-4229	When was the debt incurred?	2017-2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical Bil	ls	
4.1 6	West Sound Othopaedics, PS	Last 4 digits of account number		\$400.00
	Nonpriority Creditor's Name PO Box 450	When was the debt incurred?	2018	
	Silverdale, WA 98383 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Bil	ls	
	-	Outlot. Opcomy	-	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Michael Lawrence Hernandez	
Debtor 2	Margaret Ann Hernandez	Case number (if know)

Name and Address
Harrison Medical Center
2520 Cherry Avenue
Bremerton WA 98310

On which entry in Part 1 or Part 2 did you list the original creditor?

Line <u>4.3</u> of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 38,479.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 38,479.00

Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Debtor 1 Michael Lawrence Hernandez							
	First Name	Middle Name	Last Name					
Debtor 2	Margaret Ann Hei	nandez						
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ban	kruptcy Court for the:	WESTERN DISTRICT O	DF WASHINGTON					
Case number						Check if this is an amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1		·	•		
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4			<u> </u>		
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	- ity		<u> </u>	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_

Fill in this infe	mation to identify your			
	rmation to identify your			
Debtor 1	Michael Lawrenc	e Hernandez Middle Name	Last Name	
Debtor 2	Margaret Ann He			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT OF	WASHINGTON	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	orm 106H			
	H: Your Cod	ohtors		12/15
Scriedule	e ii. Tour Cou	CDIOI 3		12/13
your name and	case number (if known)	boxes on the left. Attach the last of the left. Attach the left.	v	o this page. On the top of any Additional Pages, write as a codebtor.
■ No				
☐ Yes				
		I lived in a community prope Nevada, New Mexico, Puerto		ry? (Community property states and territories include ington, and Wisconsin.)
☐ No. Go to	o line 3			
_		use, or legal equivalent live wi	th vou at the time?	
		, 0 1	•	
□ No				
■ Ye	es.			
	In which community stat	e or territory did you live?	-NONE-	. Fill in the name and current address of that person.
	Name of your spouse, former sp	ouse, or legal equivalent		
	Number, Street, City, State & Zip	Code		
in line 2 ag	gain as a codebtor only i o), Schedule E/F (Officia	f that person is a guarantor	or cosigner. Make	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil
	mn 1: Your codebtor Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
Name				☐ Schedule E/F, line
				☐ Schedule G, line
Numbe	er Street			_
City		State	ZIP Code	
3.2				Schedule D, line
Name				☐ Schedule E/F, line
				☐ Schedule G, line
Numbe City	er Street	State	ZIP Code	

						•				
	in this information to identify your	case:								
Deb	otor 1 Michael La	wrence Hernandez			_					
	otor 2 Margaret A	nn Hernandez			_					
Uni	ted States Bankruptcy Court for th	e: WESTERN DISTRICT	OF WASHINGTON		_					
Cas	se number					Check	c if this is:			
(If kn	nown)					□ Aı	n amende	ed filing		
_									ing postpetition following date:	
O_1	fficial Form 106l					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
sup	as complete and accurate as posplying correct information. If you use. If you are separated and you have separate sheet to this form Describe Employment	u are married and not filing wing spouse is not filing wing wing. On the top of any additions.	ng jointly, and your ith you, do not inclu	spouse i ude inforr	s liv natio	ing with on about	you, incl your spo	ude info ouse. If r	rmation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non	-filing spouse	
	If you have more than one job,	Employment status	☐ Employed				☐ Employed			
	attach a separate page with information about additional employers.	. ,	■ Not employed				■ Not employed			
	Include part-time, seasonal, or	Occupation				 -				
	self-employed work.	Employer's name	-							
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About Mo	onthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to ı	report for a	any l	line, write	\$0 in the	space. I	nclude your nor	n-filing
-	u or your non-filing spouse have n e space, attach a separate sheet to		ombine the information	on for all e	mplo	oyers for t	hat perso	n on the	lines below. If y	you need
						For Deb	tor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$		0.00	\$	0.00	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$_	0.00	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$		0.00	\$_	0.00	

Case number (if known)

				For Debtor 1			or Debtor on-filing s		
	Сору	line 4 here	4.	\$	0.00	\$,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	
5.	List a	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00	
	5e.	Insurance	5e.	\$	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	
	5g.	Union dues	5g.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h.+	- :		+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		0.00	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		0.00	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.00	
	8e.	Social Security	8e.	\$	0.00	\$		93.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$	2,585.77	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,585.77	\$_		93.00	
10.	Calcı	ulate monthly income. Add line 7 + line 9.	0. \$	2	2,585.77 + \$		93.00	= \$	2,678.77
	Add t	he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						_	,
11.	Includ other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your of friends or relatives. In the property of the pro	depend						0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines						\$	2,678.77
								Combin	ed v income
13.	Do ye	ou expect an increase or decrease within the year after you file this form? No.	•					monung	y income
		Yes. Explain:							

Fill	in this information to identify your case:						
Deb	otor 1 Michael Lawrence H	Check if this is:					
	otor 2 Margaret Ann Herna	☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:					
Unit	ted States Bankruptcy Court for the: WEST	NGTON	-	MM / DD / YYYY			
	se number known)						
O.	fficial Form 106J						
S	chedule J: Your Expe	nses				12/15	
info	as complete and accurate as possible ormation. If more space is needed, att mber (if known). Answer every questi	ach another sheet to this t					
Par 1.	Is this a joint case?						
•••	□ No. Go to line 2.						
	Yes. Does Debtor 2 live in a sepa	rate household?					
	■ No□ Yes. Debtor 2 must file Office	cial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.		
2.	Do you have dependents? ■ No						
	Do not list Debtor 1 and ☐ Yes. Debtor 2.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state the dependents names.					☐ No ☐ Yes	
3.	expenses of people other than _	■ No] Yes				□ Yes	
exp	Estimate Your Ongoing Montl timate your expenses as of your bank penses as of a date after the bankrupt plicable date.	ruptcy filing date unless y					
the	elude expenses paid for with non-cash value of such assistance and have ir ficial Form 106l.)				Your expe	enses	
4.	The rental or home ownership expe payments and any rent for the ground	-	nclude first mortgag	e 4. \$	S	850.00	
	If not included in line 4:						
	4a. Real estate taxes			4a. \$	3	0.00	
	4b. Property, homeowner's, or rente	er's insurance		4b. \$		0.00	
	4c. Home maintenance, repair, and			4c. \$		0.00	
_	4d. Homeowner's association or co			4d. \$		0.00	
5.	Additional mortgage payments for y	our residence, such as hor	me equity loans	5. \$		0.00	

ebtor 1	Margaret Ann Hernandez	Caco num	hor (if known)	
JUIUI Z	Margaret Ann Hernandez	Case Hull	ber (if known)	
Utili	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	90.00
6b.	Water, sewer, garbage collection	6b.	\$	51.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	160.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies	7.	\$	400.00
Chil	dcare and children's education costs	8.	\$	0.00
Clot	thing, laundry, and dry cleaning	9.	\$	25.00
Pers	sonal care products and services	10.	\$	25.00
Med	lical and dental expenses	11.	\$	165.00
	nsportation. Include gas, maintenance, bus or train fare.		•	200.00
	not include car payments.	12.	·	300.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	·	20.00
	ritable contributions and religious donations	14.	\$	0.00
	arance.			
	not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00
	. Health insurance	15a. 15b.	· .	
	. Vehicle insurance	15b. 15c.		0.00
		15d.		147.00
	Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Φ	0.00
Spe		16.	\$	0.00
	allment or lease payments:	47-	•	407.00
	Car payments for Vehicle 1	17a.	·	187.00
	. Car payments for Vehicle 2	17b.		0.00
	Other. Specify: Les Schwab	17c.	· · ·	130.00
	. Other. Specify: ir payments of alimony, maintenance, and support that you did not report as	17d.	\$	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.	-	
Oth	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
20a	. Mortgages on other property	20a.	\$	0.00
20b	. Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify: Pet Care	21.	+\$	20.00
Tok	Dacco		+\$	80.00
	culate your monthly expenses			
	Add lines 4 through 21.		\$	2,650.00
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,650.00
Cald	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,678.77
23b	. Copy your monthly expenses from line 22c above.	23b.	-\$	2,650.00
				,
23c.	Subtract your monthly expenses from your monthly income.		•	20 77
	The result is your monthly net income.	23c.	\$	28.77
For e	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you iffication to the terms of your mortgage?			or decrease because o
	No.			
\Box	/oo Eynigin here:			

Debtor 1 Michael Lawrence Hernandez First Name Middle Name Last Name	Fill in this info	rmation to identify your	00001					
Debtor 2 Margaret Ann Hernandez (Spouse If, Illing) Debtor 2 Margaret Ann Hernandez (Spouse If, Illing) Debtor 3 Margaret Ann Hernandez (Spouse If, Illing) Debtor 4 Margaret Ann Hernandez (Illing) Debtor 5 Schedules Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 2 Margaret Ann Hernandez Signature of Debtor 2								
Debtor 2 (Spouse f, filling) First Name Middle Name Last Name	Debtor 1			Lac	t Nama			
United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON Case number (If known) Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1	Debtor 2			Las	ot ivallie			
Case number (If known) Check if this is an amended filling				Las	t Name			
Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1	United States B	Sankruptcy Court for the:	WESTERN DISTRICT	OF WASHIN	IGTON			
Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X IsI Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 Attach Bankruptcy Petition Preparer's No Declaration, and Signature Official Form Margaret Ann Hernandez Margaret Ann Hernandez Signature of Debtor 2								
Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1	(if known)						_	n
Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 X /s/ Margaret Ann Hernandez Signature of Debtor 2	Declara If two married p	tion About a	r, both are equally respo	onsible for s	upplying	g correct information. dules. Making a false st		
■ No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form X /s/ Margaret Ann Hernandez Signature of Debtor 2	years, or both.	18 U.S.C. §§ 152, 1341, 1		mruptoy out	o oan ro		,soo, or imprisonment for up	
Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form X /s/ Margaret Ann Hernandez Signature of Debtor 2	Did you pa	ay or agree to pay some	one who is NOT an atto	orney to help	you fill	out bankruptcy forms?		
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 Declaration, and Signature (Official Form X /s/ Margaret Ann Hernandez Margaret Ann Hernandez Signature of Debtor 2	■ No							
X /s/ Michael Lawrence Hernandez Michael Lawrence Hernandez Signature of Debtor 1 X /s/ Margaret Ann Hernandez Margaret Ann Hernandez Signature of Debtor 2	☐ Yes.	Name of person						
Michael Lawrence Hernandez Signature of Debtor 1 Margaret Ann Hernandez Signature of Debtor 2			that I have read the sur	nmary and s	chedule	es filed with this declara	ation and	
Signature of Debtor 1 Signature of Debtor 2				X	/s/ Ma	rgaret Ann Hernande	2 Z	
Date August 9, 2018 Date August 9, 2018			lez					
	Date	August 9, 2018			Date	August 9, 2018		

Fil	l in th	nis inform	nation to identify you	r case:								
De	btor 1		Michael Lawren	ce Hernandez								
			First Name									
De	btor 2	2	Margaret Ann He	ernandez								
(Sp	ouse if,	filing)	First Name	Middle Name		Last Name						
Un	ited S	States Bar	kruptcy Court for the:	WESTERN DISTRICT C	F WA	SHINGTON						
Case number(if known)								_	neck if this is an nended filing			
St Be info	ate	ment mplete a ion. If m	nd accurate as possi	Affairs for Indivi	are fi	ling together, both are	equally responsi	ble for supp s, write you	4/1solying correct r name and case			
	rt 1:	<u> </u>	, , ,	arital Status and Where Yo	u Live	ed Before						
1.	Wha	at is your	current marital statu	ıs?								
		Married Not marr	ried									
2.	During the last 3 years, have you lived anywhere other than where you live now?											
		No										
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.											
	Debtor 1 Prior Address:			Dates Debtor 1 lived there	l	Debtor 2 Prior Ac	Idress:		Dates Debtor 2 lived there			
3. stat				ver live with a spouse or le lifornia, Idaho, Louisiana, Ne								
		No										
			ke sure you fill out Scl	hedule H: Your Codebtors (C	Official	Form 106H).						
Pa	rt 2	Explair	n the Sources of You	r Income								
4.	Fill i	n the total	I amount of income yo	nployment or from operation or the control of the c	all bu	sinesses, including part	-time activities.	vious calen	dar years?			
	_	Nia										
	_	No Voc Fill	in the details									
	П	res. Fill	in the details.									
				Debtor 1			Debtor 2					
				Sources of income Check all that apply.	(b	ross income before deductions and	Sources of income Check all that a		Gross income (before deductions and exclusions)			

Debtor :		Michael Lawrence Hernandez Margaret Ann Hernandez				Case number (if known)					
Incl and	lude ir d other	come public	regard benef	lless of wheth fit payments;	er that inc pensions;	come is taxable. Ex rental income; inte	camples of erest; divid	is calendar years? If other income are allends; money collected together, list it	alimony; child suppoted from lawsuits;	royalties; a	Security, unemployment, and gambling and lottery
List	each	sourc	e and t	he gross inco	me from e	each source separa	ately. Do r	not include income	that you listed in lir	ne 4.	
	NI.			•		·			•		
	No Voc	Fill in	the de	ataile							
_	165	. []]]	trie de	ialis.							
					Debtor 1	-	_		Debtor 2		
					Sources Describe	s of income e below.	each	s income from source e deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
				nt year until nkruptcy:	Retiren	nent Income		\$25,949.00	Social Secur Benefits	ity	\$1,379.00
For las				31, 2017)	Retiren	nent Income		\$43,620.00	Social Secur Benefits	ity	\$2,376.00
For the calendar year before that: (January 1 to December 31, 2016)					Retiren	nent Income		\$43,500.00	Social Secur Benefits	ity	\$2,376.00
	individual primarily for a personal, family, or household purp During the 90 days before you filed for bankruptcy, did you							e."			101(8) as "incurred by an
			No.	Go to line 7							
			Yes ubject	paid that cr not include	editor. Do payments	not include payme to an attorney for	ents for do this bankr	mestic support obli	gations, such as ch	nild support	the total amount you tand alimony. Also, do nt.
	Yes					ve primarily consed for bankruptcy, c		ots. y any creditor a tota	al of \$600 or more	?	
			No.	Go to line 7							
Yes List below each credi include payments for attorney for this bank						domestic support					nat creditor. Do not tinclude payments to an
Cr	Creditor's Name and Address					Dates of payme	ent	Total amount paid	Amount you still owe	Was this	s payment for
21	endmark Financial Ser 118 Usher St Nw Covington, GA 30014					7/18, 6/18, 5/1	18	\$891.00	\$5,492.00		t Card Repayment liers or vendors

Deb	otor 2	Margaret Ann Hernandez			Cas	e number (if known)		
7.	Inside of wh	n 1 year before you filed for bankrupt ers include your relatives; any general pa ich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artner conti	s; relatives of any ge ol, or owner of 20%	neral partners; partne or more of their voting	erships of warships of warships	hich you ; and an	u are a genera y managing aç	I partner; corporations gent, including one for
	_	No Yes. List all payments to an insider.							
	Insid	der's Name and Address	Da	tes of payment	Total amount paid	Amount still	you owe	Reason for t	this payment
8.	insid	n 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos	•		yments or transfer a	iny propert	y on ac	count of a de	bt that benefited an
	_	No Yes. List all payments to an insider							
	Insid	der's Name and Address	Da	tes of payment	Total amount paid	Amount still	you	Reason for to	this payment tor's name
Par	t 4:	Identify Legal Actions, Repossession	ns, ar	nd Foreclosures					
9.	List a	n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes.							
	_	No Yes. Fill in the details.							
		e title e number	Na	ture of the case	Court or agency			Status of the	e case
10.		n 1 year before you filed for bankrupt k all that apply and fill in the details below		as any of your prop	perty repossessed, f	oreclosed,	garnis	hed, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.							
	Cred	litor Name and Address		scribe the Property			Date		Value of the property
4.4	\A/:4L:	n 90 days before you filed for bankru		plain what happene					
11.	accor	unts or refuse to make a payment bed No Yes. Fill in the details.			cluding a bank or in	idiicidi iiisi	intution,	, set on any a	mounts from your
		litor Name and Address	De	scribe the action th	e creditor took		Date a	action was	Amount
12.		n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a			perty in the possessi	on of an a		e for the bene	fit of creditors, a
		No Yes							
Par	t 5:	List Certain Gifts and Contributions							
13.	= 1	n 2 years before you filed for bankrup	otcy, o	lid you give any gif	ts with a total value	of more th	an \$600) per person?	
	Gifts	Yes. Fill in the details for each gift. s with a total value of more than \$600 person		Describe the gifts	S		Dates the gi	you gave fts	Value
	Pers	on to Whom You Gave the Gift and ress:					9'		

Debtor 1 Michael Lawrence Hernandez

	otor 2 Margaret Ann Hernandez		C	ase number	(if known)	
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or	,	, , , ,	s with a tota	I value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or Gifts or contributions to charities that		on. Describe what you contributed		Dates you	Value
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		•		contributed	
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did yo	ou lose anyt	hing because of the	ft, fire, other disaster
	■ No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the lo	SS	Date of your	Value of property
	how the loss occurred		the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: I		loss	lost
Par	t 7: List Certain Payments or Transfe	rs				
16.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details.	r preparir	ng a bankruptcy petition?			erty to anyone you
	Person Who Was Paid		Description and value of any prope	ertv	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not	You	transferred		or transfer was	payment
	John Kenney & Associates, PLLC 17791 Fjord Drive NE Poulsbo, WA 98370 brittanyc@kenneylawfirm.com Sean Jones		Attorney Fees		7/18	\$1,550.00
17.	Within 1 year before you filed for banks promised to help you deal with your cru Do not include any payment or transfer the	editors o	r to make payments to your creditors		r transfer any prope	erty to anyone who
	No					
	Yes. Fill in the details. Person Who Was Paid		Description and value of any prope	a més e	Data naumant	Amount of
	Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank	cruptev. c	lid vou sell, trade, or otherwise trans	fer any prop	erty to anyone, othe	er than property
	transferred in the ordinary course of your line line both outright transfers and transfer include gifts and transfers that you have a line line line line line line line line	our busin rs made a	ess or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details.		Bassintian and 1	D		Data to a
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts	Date transfer was made
	Person's relationship to you			para ili GA	J. Laringo	

	htor 1 Michael Lawrence Hernandez Margaret Ann Hernandez			Case nur	nber (if known)	
	Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p ■ No □ Yes. Fill in the details.		any property to	a self-settle	ed trust or similar devic	e of which you are a
	Name of trust	Description and	d value of the pr	operty tran	sferred	Date Transfer was made
Part	t 8: List of Certain Financial Accounts, I	nstruments, Safe Depo	sit Boxes, and S	Storage Uni	ts	
	Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass	, or other financial acco	ounts; certificate	s of depos		
	Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Kitsap Credit Union PO Box 990 Bremerton, WA 98337	xxxx-7849	☐ Checking ■ Savings ☐ Money Ma ☐ Brokerage ☐ Other		7/24/2018	\$5.38
	Do you now have, or did you have within a cash, or other valuables? No Yes. Fill in the details.	1 year before you filed f	or bankruptcy, a	any safe de	posit box or other depo	ository for securities,
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit	t or place other than yo	ur home within	1 year befo	re you filed for bankru	otcy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	ol for Someone Else				
	Do you hold or control any property that s for someone. No Yes. Fill in the details.	omeone else owns? In	clude any prope	rty you bor	rowed from, are storing	g for, or hold in trust
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, City Code)		Describe	the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply	For	the p	purp	ose of	Part	10,	the	following	definitions	apply	:
---	-----	-------	------	--------	------	-----	-----	-----------	-------------	-------	---

For	the purpose of Part 10, the following definiti	ons apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or propert to own, operate, or utilize it, including dispose	•	law, whether you now own, operate, or utilize it or use	:d					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all notices, releases, and proceedings th	at you know about, regardless of wher	n they occurred.						
24.	Has any governmental unit notified you tha	t you may be liable or potentially liable	under or in violation of an environmental law?						
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you Date of notice know it						
25.	Have you notified any governmental unit of	any release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you Date of notice know it						
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	No								
	☐ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case Status of the case						
Par	t 11: Give Details About Your Business or	Connections to Any Business							
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have an	ny of the following connections to any business?						
	☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	either full-time or part-time						
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	■ No. None of the above applies. Go to l	Part 12.							
	Yes. Check all that apply above and fill		s.						
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.						
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper							

Dates business existed

Debtor 1 Debtor 2			C:	ase number (if known)
	nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a fina	ancial statement to a	anyone about your business? Include all financial
■	No Yes. Fill in the details below.			
	me dress nber, Street, City, State and ZIP Code)	Date Issued		
Part 12:	Sign Below			
with a ba 18 U.S.C /s/ Micl Michae	and correct. I understand that making a inkruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. nael Lawrence Hernandez I Lawrence Hernandez re of Debtor 1	\$250,000, or imprison /s/ Margare	ment for up to 20 ye et Ann Hernandez Ann Hernandez	
Date _/	August 9, 2018	Date Au	gust 9, 2018	
Did you	attach additional pages to Your Stateme	ent of Financial Affairs	s for Individuals Fili	na for Bankruntov (Official Form 107)2
■ No □ Yes	anaon additional pages to your oldions		, ioi maividuae i mi	ng for Bankruptey (Official Form 197):

Fill in this infor	mation to identify your	case:		
Debtor 1	Michael Lawrenc	e Hernandez		
	First Name	Middle Name	Last Name	
Debtor 2	Margaret Ann He	rnandez		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT (OF WASHINGTON	
Case number (if known)				☐ Check if this is an amended filing
Official Fo		n for Individu	uals Filing Under	Chapter 7 12/15
creditors have	ve claims secured by yo			
You must file th	is form with the court w ever is earlier, unless th		ile your bankruptcy petition or	by the date set for the meeting of creditors, d copies to the creditors and lessors you list

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	☐ Yes
☐ Surrender the property.	□ No
Retain the property and redeem it.	_
Retain the property and enter into a Reaffirmation Agreement.Retain the property and [explain]:	■ Yes
	Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Debtor 2	Michael Lawrence Hernandez Margaret Ann Hernandez		Case number (if known)		
Lessor's n	ame:			□ No	
Description Property:	n of leased			☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:				☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:				☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:				☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:				☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:	ii di icasca			☐ Yes	
Lessor's n	ame: n of leased			□ No	
Property:				☐ Yes	
Part 3:	Sign Below				
Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.					
X /s/ M	lichael Lawrence Hernandez	X /s/ Marg	aret Ann Hernandez		
	nael Lawrence Hernandez		et Ann Hernandez		
Signa	ature of Debtor 1		of Debtor 2		
Date	August 9, 2018	Date Aug	just 9, 2018		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Western District of Washington

In r	Michael Lawrence Hernandez	G	Case No.				
111 1	Margaret Ann Hernandez	Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPEN	NSATION OF ATTOI	RNEY FOR DE	EBTOR(S)			
1.	resuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that mpensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	1,550.00			
	Prior to the filing of this statement I have received			1,550.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3. TI	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name						
5.	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 							
	Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou	ns as needed; preparation	emption planning; and filing of moti	preparation and filing of ons pursuant to 11 USC			
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.						
		CERTIFICATION					
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in			
	August 9, 2018	/s/ Brittany S. A.	Cline				
Date		Brittany S. A. Clin					
		Signature of Attorne John Kenney & A					
		17791 Fjord Drive	NE NE				
		Poulsbo, WA 983 (360) 850-1049	70				
		brittanyc@kenne	ylawfirm.com				
		Name of law firm					

United States Bankruptcy Court Western District of Washington

In re	Michael Lawrence Hernandez Margaret Ann Hernandez		Case No.	
111 10	Margaret Amir Hernandez	Debtor(s)	Chapter	7
The ab	VERIFICAT ove-named Debtors hereby verify that the atta	TION OF CREDITOR MA		of their knowledge.
Date:	August 9, 2018	/s/ Michael Lawrence Hernandez Michael Lawrence Hernandez		
		Signature of Debtor		
Date:	August 9, 2018	/s/ Margaret Ann Hernandez Margaret Ann Hernandez		
		mai gai et Ailli Heiliallaez		

Signature of Debtor

CBNA
50 NORTHWEST POINT ROAD
ELK GROVE VILLAGE, IL 60007

CENTURY LINK
C/O STELLAR RECOVERY, INC.
1327 HWY. 2 W.
SUITE 100
KALISPELL, MT 59901

CHI/FHS BUSINESS OFFICE RRC-FESC MS20-08 PO BOX 2197 TACOMA, WA 98401

CORAM CVS SPECIALTY INFUSION S 555 17TH STREET, SUITE 1500 DENVER, CO 80202

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV 89193

HARRISON MEDICAL CENTER 2520 CHERRY AVENUE BREMERTON, WA 98310

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATI PO BOX 7346 PHILADELPHIA, PA 19101-7346

KAISER PERMANENTE PO BOX 34750 SEATTLE, WA 98124

LENDMARK FINANCIAL SER 2118 USHER ST NW COVINGTON, GA 30014

LES SCHWAB TIRE CENTER PO BOX 5350 BEND, OR 97708

OLYMPIC MEDICAL IMAGING PO BOX 2077 BREMERTON, WA 98310-4258

ONEMAIN
PO BOX 1010
EVANSVILLE, IN 47706

PEACEHEALTH
PO BOX 1588
VANCOUVER, WA 98668-1588

PENINSULA COMMTY FCU PO BOX 2150 SHELTON, WA 98584

SOUTH SOUND INPATIENT PHYS PO BOX 120153 GRAND RAPIDS, MI 49528-0103

SYNCB/CAR CARE MIDAS PO BOX 965036 ORLANDO, FL 32896

SYNCB/CARE CREDIT 950 FORRER BLVD KETTERING, OH 45420

WEST SOUND EMERGENCY PHYS 2520 CHERRY AVE BREMERTON, WA 98310-4229

WEST SOUND OTHOPAEDICS, PS PO BOX 450 SILVERDALE, WA 98383